

## UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF OHIO

**JEFFREY BLEVINS, INDIVIDUALLY AND ON BEHALF  
OF ALL OTHERS SIMILARLY SITUATED**  
Plaintiff/Petitioner

Case No.: **2:18-CV-00364-EAS-KAJ**  
Division:

vs.

**CAPITAL ALLIANCE GROUP**

Defendant/Respondent

AFFIDAVIT OF SERVICE OF  
**SUMMONS IN A CIVIL ACTION; CLASS ACTION  
COMPLAINT AND DEMAND FOR JURY TRIAL**

Received by **Ronald Schwalbe**, on the **14th day of May, 2018 at 1:31 PM** to be served upon **CAPITAL ALLIANCE GROUP** at **1950 E 17TH ST 3RD FL, SANTA ANA, Orange County, CA 92705**.

On the **15th day of May, 2018 at 1:43 PM**, I, **Ronald Schwalbe**, **SERVED CAPITAL ALLIANCE GROUP** at **1950 E 17TH ST 3RD FL, SANTA ANA, Orange County, CA 92705** in the manner indicated below:

**CORPORATE SERVICE**, by personally delivering **1** copy(ies) of the above listed documents to the named Corporation, by serving **Jonathan Ruis**, on behalf of said Corporation.

THE DESCRIPTION OF THE PERSON WITH WHOM THE COPY OF THIS PROCESS WAS LEFT IS AS FOLLOWS:  
**PERSON IN CHARGE, PERSON AUTHORIZED TO ACCEPT, who accepted service, with identity confirmed by subject stating their name, an Hispanic male approx. 35-45 years of age, 5'10"-6'0" tall, weighing 160-180 lbs with black hair. This individual verbally stated that he was authorized to except service of process On behalf of this business.**

Service Fee Total: **\$125.00**

I, being first duly sworn, depose and state: That I am a citizen of the United States, over the age of eighteen, not a party to nor interested in the above entitled action, and have the proper authority in the jurisdiction in which this service was made. Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true and accurate.

NAME: 4077  
Ronald Schwalbe Server ID # Date

Notary Public: Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_ in the year of 20\_\_  
Personally known to me \_\_\_\_\_ or \_\_\_\_\_ identified by the following document:

Number/Reference: \_\_\_\_\_

Type: \_\_\_\_\_

Notary Public for State of: \_\_\_\_\_

Commission Expiration: \_\_\_\_\_

Notary Public (Legal Signature) \_\_\_\_\_

